

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N03000003691**

1. Entity Name  
**LAKE ANDERSON, INC.**



Principal Place of Business  
**PO BOX 2106  
ORLANDO, FL 32802-2106 US**

Mailing Address  
**PO BOX 2106  
ORLANDO, FL 32802-2106 US**

**DO NOT WRITE IN THIS SPACE**



03032008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-0017886</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**CUNNINGHAM, THOMAS W  
3580 EMERYWOOD LANE  
ORLANDO, FL 32812**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D HARDING, DAVID M SR 3616 EMERYWOOD LANE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T,D CUNNINGHAM, THOMAS W 3580 EMERYWOOD LANE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FINN, ARNOLD 3605 CONWAY GARDENS RD ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOWSER, DIANE J 3515 PERSHING AVE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000849557  
03/21/08-80026-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/5/08 407 855 5285**  
Date Daytime Phone #

**THOMAS W. CUNNINGHAM, TREASURER**